



Adoption Application

I am interested in adopting:

- Dog Cat Rabbit Rodent Bird
 Reptile Barnyard Other _____

Date received	
A# / kennel #	
A# / kennel #	
A# / kennel #	
PIN OK? /Initials	

Full (Legal) Name _____ Preferred (First) Name _____

Driver's license # _____ State of issue _____ Date of birth ____-____-____

Phone #1 _____ Phone #2 _____ Phone #3 _____

Street Address _____ City _____ State _____ Zip _____

What is your **housing** situation? Rent Own Live with parents Other _____

House Apartment Mobile Home Condo/Townhome Boat Other _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Full names of other adults in the household _____

Are there **children** in the home or children that visit frequently? Yes No Age(s) _____

Do you have **permission** from your landlord, property owner, and/or other members of the household to adopt an animal? Yes No

Name and phone # of **landlord/property owner**: _____

May we contact the landlord/property owner? Yes No Later

CURRENT + PAST Pets:

Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____	Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____	Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____
Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____	Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____	Species/Breed _____ Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Do you still have this pet? <input type="checkbox"/> Y <input type="checkbox"/> N If not, why? _____ Number of years owned _____ Where does/did this pet spend most of his/her time? (ex: the yard, the garage, the house): _____

Please complete other side

How many hours per day will your new pet be **left alone** (without people)? _____

Where will your **dog/cat be when no one is home** (check all that apply)? In the yard/outdoors Indoors Dog/cat door Garage
 In a crate Wherever s/he wants Other/details _____

Where will your **dog/cat be when someone is home during the day** (check all that apply)? In the yard/outdoors Indoors Dog/cat door Garage In a crate Wherever s/he wants Other/details _____

Where will your **dog/cat be at night** (check all that apply)? In the yard/outdoors Indoors Dog/cat door Garage In a crate Wherever s/he wants Other/details _____

Rabbits/rodents/“pocket pets”: Where will your animal be housed (check all that apply)? Outdoors Indoors Garage Playpen
 In a hutch/cage/enclosed habitat Other/details _____

Do you have a **backup plan** for your animal if you are **permanently unable to care for him/her**? Yes No

All pets making the transition into a new home need time to adjust and may require housetraining and behavior training. They can shed, make noise, and need lots of attention. Are you aware of and willing to accommodate these potential issues and needs? Yes No

What behaviors, if any, would cause you to give up your companion animal? _____

What is your primary reason for wanting an animal? _____

How do you plan to **exercise** your animal? _____

Dogs: **When your dog is outdoors** at home, the following will apply: Fenced yard Run or Kennel Runner Unfenced acreage
 Tether/Chain/Tie-out Leashed Other _____

Cats: What are your thoughts on **declawing**? _____

Can you afford veterinary care, grooming, emergency expenses, supplies, and food for the lifetime of this pet? (These expenses will add up to **hundred and occasionally thousands of dollars each year**.) Yes No

If you have existing pets, what are your **plans for integrating** your new pet safely and successfully into the household? _____

How did you hear about us? Friend/Family Volunteer Newspaper Radio TV Web Event Other _____

You and Your Household (check all that apply):

<p>The role of my pet is:</p> <ul style="list-style-type: none"><input type="checkbox"/> family companion<input type="checkbox"/> protection for my home and family<input type="checkbox"/> hunter<input type="checkbox"/> for the kids<input type="checkbox"/> companion for my other animal<input type="checkbox"/> best friend<input type="checkbox"/> gift for someone else<input type="checkbox"/> status symbol<input type="checkbox"/> to keep/get me fit<input type="checkbox"/> a babe magnet<input type="checkbox"/> other _____	<p>My/our home atmosphere is like:</p> <ul style="list-style-type: none"><input type="checkbox"/> a library<input type="checkbox"/> a germ-free zone<input type="checkbox"/> a hamster wheel<input type="checkbox"/> a frat house<input type="checkbox"/> a daycare center<input type="checkbox"/> a white picket fence and 2.3 kids<input type="checkbox"/> Dr. Doolittle’s house<input type="checkbox"/> a Zen garden<input type="checkbox"/> an empty nest<input type="checkbox"/> a table for one<input type="checkbox"/> other _____	<p>In my free time I/we:</p> <ul style="list-style-type: none"><input type="checkbox"/> hold down the couch<input type="checkbox"/> take strolls on the beach<input type="checkbox"/> take road trips<input type="checkbox"/> take 10 mile hikes (uphill both ways)<input type="checkbox"/> hibernate<input type="checkbox"/> plant perennials / tinker in the shop<input type="checkbox"/> bbq with the neighbors<input type="checkbox"/> go to the dog park<input type="checkbox"/> disco ‘til dawn<input type="checkbox"/> cram for finals<input type="checkbox"/> other _____
---	--	--

I certify that all the above information is true. I understand SCCAS reserves the right to deny the adoption of any animal. I acknowledge that information regarding the history, health, and behavior of adopted animals may not always be available or accurate.

Applicant **signature** _____ **Date** _____

Please complete other side